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San Francisco, Cal.

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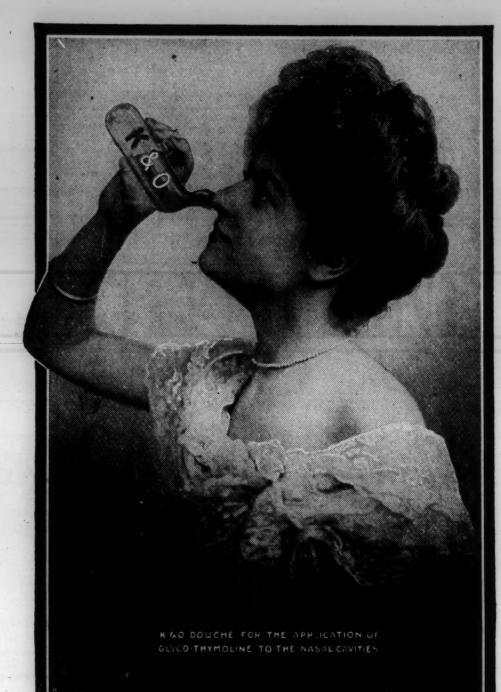
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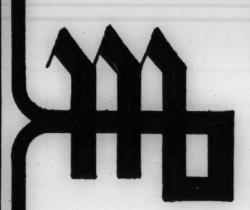
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No. 12.

The So-Called Bubonic Plague.

THEODORE JUDSON HIGGINS, PH.G., M.D., M.S.

Synonyms according to Tyson: Oriental Plague, Black Plague, Black Death.

In our opinion the correct and more scientific appellation for this scourge is Malignant Polyadenitis.

The definition according to Tyson is as follows: "The plague is a febrile infectious disease characterized by a tendency to buboes, or carbuncles in addition to the usual phenomena of the typhoid state. Kitasato and Yersin, two independent investigators are the discoverers of the bacillus which closely resembles the bacillus of chicken cholera. According to Tyson there are two forms, pestis minor the endemic form, and pestis major the epidemic form, the malignant adenitis of James Cautlie. The pestis siderans or fulminant form is another severe variety in which death may

occur in twenty-four hours with associated hemorrhages.

The government printing office at Washington, D. C., 1900, finds it convenient to divide the plague into (a) bubonic or ganglionic; (b) septicemic, and (c) pneumonic forms. Of these the ganglionic or bubonic form is most frequent and the pneumonic form is the most fatal.

We most heartily endorse the expression in the editorial of the October Journal in which the editor deplores the use of the term plague, for it conveys a false impression; besides the term is not scientific and should not be applied to name a disease but rather to an epidemic. We reiterate this disease is malignant polyadenitis, and the different phases or expressions of its virulency in the given individual are in accord with the physiopatho-

logical conditions to be found existing in the personality of the aforesaid individual previous to infection and the morbid phenomena conforms to the vital resistance of the given patient and assumes the form in which the vital resistance is lowest and thus produces the variety of lesion so characteristic of this extremely fatal malady.

Again, we repeat this disease is malignant polyadenitis. The diagnostic features are a bacillus pestis bubonicæ of Yersin and Kitasato. The bacillus may be found in a drop of the blood of patients afflicted with this malady. It is a short rod-shaped body measuring on an average of two microns in length, and its form is subject to considerable variation. It not infrequently may be seen in chains of four to six or even more. The bacillus is occasionally encapsulated. It shows active Brownian movements which we presume caused Kitasato to call it motile whilst Yersin did not. Gordon claims that some at least of the bacilli have flagella.

We believe this latter statement to be true as confirmed by our studies. We think that probably, to be more technical, this bacillus on account of the shortness and thickness thereof could be styled as a cocco-bacillus. It is an aerobic organism. Not spore forming. Stains well by ordinary methods. Does not stain by Gram's method. After staining the organism is darker at the ends than at the center resembles somewhat in appearance a dumbell or even a diplococcus. In some cases the bacillus may be found

in the blood upon post mortem examination; in others it does not exist in the blood after death but may be observed in the lymph glands of these latter cases after death. The bacilli may be found in the urine for nearly a week after convalescence of the patient.

Clinical symptoms are practically as follows: An incubation period two to seven days in cases of known exposure. One of the earliest characteristics is intense weakness. We wish to emphasize this point, intense weakness. A second period or prodrome may follow this though seldom. This prodrome is short when it does occur, usually lasting from a few hours to two days and includes headache, prostration, nausea, vomiting, vertigo and rarely lumbar pain. A severe chill promptly ensues and then the severe fever of infection and its usual accompaniments, a number of which are as follows: fearful headache, backache, even delirium, even the typhoid state are strongly manifest. The temperature rises very rapidly to 1020 F, to 104° F, in an average run of cases and in some cases may go higher. A prominent characteristic of the glandular phase or expression is the suppurating glands which appear from the second to the third day and in order of frequency, the groin, the armpit, the neck or the popliteal region and are ordinarily from the size of a hickory nut to an egg, and if not incised with the lance will rupture of themselves. Upon the appearance of the glandular abscessed condition a fierce sweat appears, the temperature drops to the subnormal even as low as 90° F. Results of septico pyæmia present. We may have in addition to the glandular abscesses, carbuncles on the lower extremities, the hips or even on the neck of the patient. In the pneumonic form we have the usual symptoms of pneumonia, the chills, fever, severe pain in the side, cough, rusty sputum and the physical signs of consolidation. The earlier the case is seen, the quicker diagnosis is made, the more successful the treatment which we are going to attempt to outline. We wish to emphasize the following points:

The intense weakness or prostration, the fever, the petechiæ or vibices resemble typhus fever. Remember no known fever is characterized by as severe prostration. The glandular abscess and the carbuncle are distinctive although they are said to be sometimes absent in the milder cases of a declining epidemic as well as in fulminant form of the disease or pestis siderans as some style it. The Diazo reaction of the urine is usually absent. According to various standard authorities this disease is said to be the most fatal of all disease expressions.

We will now undertake to elucidate a treatment which we believe from our experiences with stray cases from 1894 to 1900 and with sporadic cases occasionally coming under our care from time to time up to date, has proven eminently successful.

rst. During the period of extreme prostration, or more plainly, intense weakness in all cases, administer hypodermically a solution prepared as follows:

R Resublimed phenol C.P. grs. iv. Aqua pura, oz. i.

M. Sig. dr. ss., hypodermically, repeat in six hours if necessary; the apportionment to be administered should be warmed nearly to the temperature of the body of the patient, or if subnormal to 98-6° F. and applied by the infiltration method. Merck's phenol is our preference.

R Echafolta, dr. ii. Aqua pura, q. s. oz. iv.

M. Sig. Teaspoonful in water every thirty minutes during this period of weakness. If there is a prodromal condition intervening before the chill and febrile reaction administer during the prodromal period:

R Alstonia constricta, pulv., dr. ss. Quinia, sulph., dr. ss.

We prefer Lloyd's powd. alstonia, the bark of the Australian fever tree.

M. Sig. In five grain doses in capsules every hour in alternation with:

R Aconite, spec., gtt. xv. Aqua pura, oz. iv.

M. Sig. One drachm every hour in alternation with the alstonia comp. provided we have the small frequent wire like pulse, or we would use:

R Spec. veratrum, gtt. xxx. Aqua pura, oz. iv.

M. Sig. One drachm every hour in alternation with the alstonia comp. if the pulse is full and bounding, or,

R Spec. Baptisia, dr. ss. Aqua cinnamoni, q. s. oz. iv.

M. Sig. One ounce every hour in alternation with the alstonia comp. provided the tongue looks like tainted beef and the pulse is like a muddy stream full and oppressed; or,

R Rhus tox, m. xv.
Bryonia, m. xv.
Aqua, q. s. oz. iv.

M. Sig. One drachm every hour in alternation with the alstonia comp. if the fungiform papillæ on the edges of the tongue are prominent and there are indications pointing to inflammatory processes in serous membranes as the pleura, or later in the disease if synovitis is a complication,

R Bryonia, dr. ss. Cactus, dr. i. Aqua, q. s. oz. iv.

M. Sig. Teaspoonful every hour to effect, then every six hours.

One thing is sure during the prodrome the alstonia and quinia comp. is the remedy to administer with whatever other indicated remedy the physician in his judgment may see fit to give.

The glandular abscesses we incise freely, thoroughly cleansing same with per oxide of hydrogen. Then irrigation freely with Lloyd's asepsin, grains xxx to qt. of water at a temperature as near the normal temperature of the body as practicable. Then dress the wound with dry pulv. oxyiodide of bismuth, we prefer Merck's preparation of the above chemical. Dress the wound once daily as above; it will heal. The carbuncles which are often present should be treated as follows:

R Phenol, resublimed, dr. ii. Echafolta, dr. ii.

M. Sig. Ten to fifteen minims injected into each of the sinuses which make up the multiple core of the carbuncle, or,

R Metallic iodine, dr. ii. Alcholis, 95 %, dr. ss.

M. Sig. Five to ten minims of the above injected into each sinus of the multiple boil or carbuncle.

Use a hypodermic syringe for the above work carrying the needle to the bottom of each sinus to make sure that it is well filled with the fluid. Then dress the wound with Mayers' ointment or echafolta cream, or comp. zinc ointment, U. S. P. until the core sloughs. In cases of threatened hemorrhage of the bowels we recommend the following:

R Spec. med. cinnamon, dr. ss. Dest. Hammamelis, dr. ii. Sub. nit. bismuth, dr. iv. Aqua dest. oz. viij.

M. Sig. Tablespoonful every half hour.

As a matter of fact the above administered in all cases during the period of intense thirst which often appears, proves an excellent aseptic procedure.

The following assists materially in causing absorption of consolidation areas in the pneumonic variety.

R Spec. cactus, dr. i.
'' jaborandi dr. ss.
Aqua q. s. oz. viij.

M. Sig. One drachm after meals thrice daily.

R Spec. berberis aquifolium, dr. i. Spec. Rumex. dr. ii. Stillingia, dr. i. Aqua q. s. oz. viij.

M. Sig. One drachm before each meal thrice daily in half glass of water.

Of course food, hygienic measures, cleanliness about the person and their

surroundings is essential, and dry powdered unslaked lime used freely about the premises, outhouses, cesspools, etc., etc. Four per cent. formaldehyde vapor for disinfecting rooms and premises, etc., etc., are all

thoroughly understood so there is no need of going into these details.

Of course there has been no epidemic, no plague in San Francisco, only a few sporadic cases of malignant polyadenitis.

Plantago Major.

BY JOHN ALBERT BURNETT, AUBURN, ARKANSAS.

Recently I wrote a very short article on "Plantago Major," for Dr. J. W. Fyfe, which was published in the August 1907 Eclectic Review without my name, and of course Dr. Fyfe will receive credit for it by all who do not happen to read this article. The article was as follows:

The common name of plantago major is plantain. This is a very important remedy in many conditions and should be better known.

The local use of plantago has relieved stubborn cases of rheumatism and neuralgia and many other painful conditions. It is of much value when put in the ear to relieve earache or in a hollow tooth to relieve toothache. It is one of the best applications for burns and scalds and will give relief at once as it is a good analgesic and antiseptic. But few if any remedies will relieve sprains quicker than plantago. It is also of value in ophthalmia, bruises, etc. Likely "black eye," i. e., bruises about the eye could be relieved quicker by geranium, as the latter is a very important remedy for such injuries.

Many cases of diarrhea and dysentery can be relieved by enemata of plantago when many other remedies have failed to give relief. It not only controls the discharge but also the pain.

Plantago is of value in most all forms of hemorrhages and should not be lost sight of in malarial hematuria

A hot infusion of plantago is diaphoretic and soothing to the nerves, while cold perspirations increase the flow of urine and allay irritation. It is said to be a valuable remedy for "burning urine" when there is aching in the back. It has been used to influence the glandular system in scrofula struma, eczema, catarrh, gonorrhea and various other diseases.

When I first began the practice of medicine I bought a pound of plantain leaves from Huber & Fuhrman Drug Mills of Fond Du Lac, Wisconsin, and the first occasion that I had to use them was in a scald. A girl about 7 or 8 years old turned a kettle of very hot water on her foot which ran in the shoe; when the shoe and stocking were taken off considerable

skin came off with them. It was causing considerable pain. I dipped the plantain leaves in warm water and applied over the burn, and shortly the pain was eased and the place soon healed and was well; no other remedy was used.

The fluid extract can be used if desired on burns or scalds as follows:

R Fl. ext. plantago, oz. j. Glycerin, oz. ij.

M. Sig. Apply locally after wetting place with water.

Physicians would do well to thoroughly investigate the analgesic properties of plantago in various ways, especially in rheumatism, neuralgia, toothache, earache, sprains, bruises, scalds, burns, erysipelas, boils, carbuncles, and in the rectum for tenesmus, in diarrhea and dysentery.

Another property of this agent should receive attention and that is its antiseptic effect in various conditions.

There was once an epidemic of dysentery which was refusing to yield to the indicated remedy and a physician found that a certain old lady was curing all cases that she treated. She would cure most all of them with one enema, and when he found what the remedy was, it was plantago major, used by infusion and injected in the rectum.

The remedy can be injected in the rectum and will act as an astringent, antiseptic and algesic. When such injections are given a small amount of slippery elm can be used if desired, and the remedy can be used locally over the abdomen if thought best.

Plantain deserves a thorough trial in malarial hematuria as it is antiseptic, analgesic, diuretic and hemostatic. In such conditions it could be given internally by rectum and used locally.

Another condition, hemorrhage or threatened hemorrhage, in typhoid fever, plantago is of service.

Many cases of enuresis can be relieved by plantago; a good way to use it for this is to combine it with rhus, as follows:

R Fl. ext. plantago, Fl. ext. rhus aromatica aa dr. iv. Glycerin, oz. iij.

M. Sig. Dose, one-half to one teaspoonful every four to six hours.

Plantago deserves a trial as an ininjection in gonorrhrea, leucorrhea and many diseases of the rectum.

Notes on the Treatment of Epilepsy.

BY CHARLES J. ALDRICH, M. D.

I shall limit myself to the discussion of the so-called idiopathic epilepsy which actually means the epilepsy for which we can assign no certain cause. This, of course, will take out of the discussion all cases of epilepsy resulting from exogenous poisons, such as alcohol, lead, etc., as well as those cases of epilepsy resulting from poisons manufactured within the body from known causes, such as from Bright's disease, diabetes, etc. Also, we shall not consider the cases of epilepsy that result from gross disease of the brain, such as meningitis, tumors, etc. Epilepsy, either focal or general, which results from trauma, will not be considered. All of these epilepsies are secondary epilepsies.

Little gain was made in the treatment of epilepsy until the time that bromid salts were almost accidentally discovered to be of value in the treatment of the disease.

Sir Charles Locock was, perhaps, the first to recommend its use, in 1857. The use of bromid spread very rapidly and was used so indiscriminately in all forms of convulsive disease that, had it not been a remedy of such splendid possibilities, it would have long ago fallen into disrepute. For perhaps no other remedy, unless it is mercury, has produced such evil effects.

Careful consideration of all the facts in the case, and supported by a large number of personal observations of epileptics whose histories I have taken pains to follow over long periods of time, convinces me that in bromid we have the best remedy for the alleviation and cure of the epileptic habit.

I believe Sir William Gower is right when he states that many more cases of epilepsy are cured by bromid than the statistics show. The reason for this lies in the fact that we are unable to follow them up.

While the number of cases that I have personally observed and followed up is too small to eliminate the coefficient of error, yet they convince me

that a suitable case intelligently studied and then carefully treated by bromid stands a ten per cent chance of being cured, while the amount of alleviation that can be afforded in the incurable cases is very great. Indeed, it is a tremendous difference to a man and his family whether we are able, with careful treatment, to keep him from having a fit for three or four months instead of one every two or three days.

No one can be sure in a given case of epilepsy that bromid will be of any benefit whatever, although I think I must modify this statement very much, since I have been using the salt starvation method to which a more extensive reference will be made later.

Trousseau's great success in the treatment of epilepsy was due to the fact that he individualized every single case. I have for years followed this method as closely as possible.

The cases are first carefully studied and then the milder forms of treatment tried, to mitigate the number of attacks, before the bromid treatment is entered upon. Too much time, however, should not be wasted lest your patient becomes discouraged by the trying out of the various remedies that have a less baneful effect upon the system.

There seems to be a small proportion of cases that are benefited more by the simpler and less powerful drugs, and in all cases unless there is some particular reason, these remedies should be first tried. A critical consideration of these remedies will be taken up in their place.

In considering the bromids theoretically we would be led to believe that bromid of lithium is the most powerful and that bromid of sodium least useful. Clinical observation, however, absolutely disproves this fact. There seems to be, however, certain cases in which a combination of the various forms of bromid is more effective than the use of a single one.

There are a few useful rules which should be always considered in connection with the administration of the bromid salts.

- In the beginning of the treatment a full or even large dose should be adminstered, and if it is not large enough to completely inhibit the attacks then it should be increased. But as soon as the attacks cease then the dose should be diminished until the smallest dose that will control all of the attacks, both slight and severe, should be administered and persistently continued.
- 2. The general health should be conserved by hygienic measures, and the bitter tonics should be continuously administered not only for their effect of increasing the appetite but for the stimulating effect which they exert upon the mucous membrane of the stomach.
- 3. The hour of administration is important. Each case should be studied and a table kept in which all the seizures, day and night should be recorded. This should be carried out in the early treatment of cases before the administration of the bromid. Careful study will reveal the hour most liable to the incident of the attack. In nocturnal

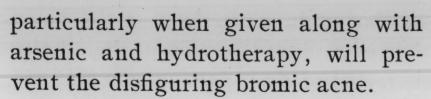
epilepsy, that occurs immediately after the patient falls asleep, the bromid should be given early in he evening. If the attacks come on after midnight then it should be given at ten o'clock, on retiring. If it occurs in the morning just before or after the patient awakens then the patient should be aroused at midnight and receive the largest dose. If, however, the patient has his attacks during the day he should receive his largest dose during the day; the first one early in the morning. Two doses in 24 hours is a safe rule.

- 4. Because of the tendency of bromid to irritate the stomach it is best taken near the meal hour, and I believe the smallest dose acts best if given an hour before. Sometimes when given in large quantities of water it seems to exert its greatest value.
- 5. The sudden withdrawal of the bromid is never advisable. Indeed, such injudicious procedure may invite status epilepticus.

Bromid intoxication must be and usually can be prevented. Your patient should be kept in a hygienic state that will favor elimination.

The smallest doses of bromid that will control the epilepsy should be found and then the patient should be watched for cumulative effects.

The administration of digitalis and belladonna, one alternating with the other for a period of three or four weeks seems to prevent bromid intoxication, and increase the intensity of its remedial effects upon the epilepsy without the deleterious effect upon the general constitution. Belladonna,



In suitable cases the combination of bromid in some of the fatty oils such as sesame oil, seems to overcome its irritative qualities. Bromipin is of value. Spratling recommends it to be given as follows: Bromipin, 4 oz.; syrup simplex, 4 oz.; spirits of peppermint, 4 drs.; mucilage of acacia, enough to make 16 ounces. The dose of this mixture for an adult is two or three tablespoonfuls three times a day after meals.

I believe the greatest gain in the bromid treatment lies in the dechlorization or the salt starvation method, devised by Toulose and Richert, which consists of the withdrawal of salt or the chlorid of soda and the substitution of bromid of sodium in the food. In this manner it is believed, and clinical observation appears to bear out their idea, that the blood takes the bromin from the bromid of sodium instead of the chlorin from the chlorid of sodium, and that this combination with the blood allows the over-sensitive nerve structures of the patient to be continually bathed in the most powerful antiepileptic agent known to us.

If the theory of Gower is correct, that undecomposed bromin passes into the epileptic's nerve structures and in some way restrains their morbid affinity for oxygen then this method should prove the most effective of any one at our disposal.

Clinically, I think this is true. In experimental cases that have resisted

all other forms of treatment I have found salt starvation with bromid of soda substituted to be the most effective, not alone in controlling the attacks, but in absolutely curing fully ten per cent of the cases.

The length of this paper will not allow me to refer to the many dangerous results from bromid poisoning, and no man should treat epilepsy who is not familiar with all its manifestations, nor should we entrust a patient with any prescription for a bromid preparation. Every patient taking bromid should be under the observation of a physician.

Digitalis is a very old remedy for epilepsy, in fact it was prescribed by Parkinson as far back as 1640. We should perhaps consider in this connection the other cardiac tonics, such as adonis, vernales, convallaria and strophanthus. These remedies given alone are of very little value. When, however, they are given in conjunctive with bromid in carefully selected cases, they seem to exhibit something beyond a synergistic effect.

Belladonna in full constitutional doses, I believe to be superior to either digitalis or any one of its congeners.

Cannabis Indica has appeared to be of signal benefit in the same class of cases that are benefited by the zinc preparations. The dose should be gradually increased until the physiologic effect is secured. In those cases of epilepsy occurring in people who also suffer from migraine and in which there seems to be a relation between the migraine and the epilepsy, it appears to possess curative powers. The

same cases are helped by the members of the anilin group, especially acetanilid.

Gelsemium is of distinct benefit in all forms of epilepsy, especially when combined with solanum.

Experimentation with fifteen cases of epilepsy in my clinic showed that one-half of one drachm of the fluid extract of solanum Carolinense three times a day was of benefit in reducing the number of attacks and in those patients with a good strong physique and digestive powers it was quite effective when combined with gelsemium.

The tincture of simulo, a plant of the hyssop family from South America has been investigated by Eulenberg. Peterson believes that it deserves a trial, since it is absolutely harmless, which cannot be said of bromid, digitalis, belladonna and other drugs used in epilepsy.

Nitroglycerin is of occasional benefit in epilepsy; usually, however, the convulsion is of senile or presentle origin. I believe it is a dangerous drug in the ordinary forms of epilepsy, and should rarely be used.

In a certain class of cases of momentary unconsciousness occurring in children, also in adults, with a small thready pulse who occasionally suffer from momentary lapses of unconsciousness, nitroglycerine appears to be of benefit. I believe that these cases are very likely closely associated with Stokes-Adams disease and are really circulatory affairs

I have found very little benefit from the use of borax. Indeed, for the last five years I do not think I have prescribed it in a single case. I have, however, found benefit in the administration of zinc, particularly zinc oxide, in fairly large doses,—eight to thirty grains a day.

I have also secured benefit from the administration of binoxid of manganese in from 9 to 25 grians a day. The cases of epilepsy in which this remedy has seemed of use were in the people of rather fleshy habit, with puffy faces, that would cause one to suspect the lack of proper thyroid secretion. these cases I have invariably combined the thyroid extract with the binoxid and have been able, by following out these ideas and occasionally associating zinc or arsenic with those remedies, to reduce the attacks to a minimum without any evils from the medication itself. Indeed I can recall two positive cures.

The opium and bromid treatment of Flechsig I have rarely used except in status epilepticus, and then not as Flechsig recommends it. I prefer to produce a narcosis by the hypodermic injections of morphin instead of opium per os or per rectum, and at the same time giving large doses of bromid combined with chloral. Making a lumbar puncture and withdrawing the fluid if found to be in excess is good practice in status epilepticus.

In the beginning of the milder forms of epilepsy, I invariably resort to the milder treatment, such as zinc, bin-oxid of manganese, asafetida, acetanilid, hydrotherapy and out-door life before resorting to bromid.

The administration of strychnia has become a fad in medical practice. It

has largely taken the place of the habit of prescribing quinin, which obsessed our medical forefathers. It is often prescribed in epilepsy. It should never be administered in epilepsy. It increases the excitability of the nervous tissue and usually increases the number of spasms.

Surgery in its invasion of every department of medicine has been invoked for the cure of epilepsy. Trephining, while often of signal benefit in cases of gross grain disease or traumatic epilepsy, is occasionally of benefit in the so-called idiopathic epilepsy. Why it is we do not know. It is resorted to much less frequently than it was a few years ago, and some authorities absolutely condemn it. I have observed two cases in which trephining not only diminished the number of attacks, but the progressive deterioration of the mentality seemed to be arrested. I believe that the procedure is justifiable in selected cases.

Ligation of both cerebral arteries was recommended by Alexander, of Liverpool. The procedure was based upon a preconceived and erroneous idea of the pathology of the disease and is no longer thought of.

Janesco proposed the complete bilateral resection of the cervical sympathetic as a cure for epilepsy. Beck and Roswell Park have performed this operation and reported the usual improvement that follows almost any surgical interference in epilepsy, but there have been no later or supplementary reports indicating that the improvement has been permanent. I believe it is now relegated to the extensive limbo devoted to surgical fads and fancies.

One of the most recent proposals is that of Dr. Wyman, of Detroit Mich., of an operation for the relief of pyloric spasm as a cure for epilepsy. I am interested in knowing the results which he has secured. Until pyloric spasm can be shown to cause epilepsy I shall doubt its efficacy.

Abdominal section, particularly in the female, for the relief of certain gynecologic affections for the cure of epilepsy has been resorted to with about the same results as castration has in the male. Were it not for the placid confidence which the average female mind has in the gynecologist this procedure would have long ago been relegated to the same place that castration of the male has been.

A great many peripheral irritations have been supposed to be the cause of epilepsy. It appears to me that we can only explain the occasional cure of cases of epilepsy by relief of some peripheral irritation by assuming that the patient has the epileptic habit, by which I mean that he has inherited or acquired a peculiar erethistic condition of the nerve tissues which causes the brain to react against the ordinary peripheral stimulation in an unusual and peculiar manner.

Relief of intestinal autointoxication of children, teething, worms, eye strain, adherent prepuce will afford cure in occasional cases. And some epilepsies recover spontaneously—why, we know not.

In a man with an epileptic constitution, and I assume and feel positive that such a constitution is almost necessary to the development of an epilepsy, he should be most carefully guarded against peripheral irritation.

The absolutely negative results which were attained by Gould and his associates at the Craig colony for epileptics in New York state by applying glasses ought to satisfy the most carping observer that a well established case of epilepsy is absolutely beyond the efforts of the refractionist.

It has been impossible for me to refer to the psychic treatment of epilepsy which is extremely important. The surroundings and the regular life which is maintained in colonies are nearly always beneficial. Out-door life is an extremely important means in the care of epilepsy, particularly when the epilepsy develops in the sedentary individual in middle life without any history of syphilis, or without evidence of renal disease.

I have notes of the case of a man who took up the occupation of a traveling salesman, traveling entirely on foot, and which has resulted in the cure of a severe epilepsy that had been in existence for five years.

There has been a great deal of talk about the diet of the epileptic. A common sense diet in epilepsy is better than any scientifically regulated diet which the ultra dietetic specialist can foist upon his patient.—The Kansas City Medical Record.

A Large Baby.

D. MACLEAN, M. D.

Large babies are not common every day occurance. La Chapelle in over 7000 cases found none over 10 pounds. In 7515 deliveries in Boston Lying in Hospital the heaviest baby weighed only 12 pounds. The writer has delivered a number of 12 pound babies and one which weighed over 15 pounds.

Dr. Mattner of this city delivered Mrs. D. at the Irving Sanatorium, on November 8th, of a boy that weighed 17 pounds two ounces. This was a large baby only exceeded by Mrs. Bates, the so-called Nova Scotia giantess, who had two children, the first weighing 19 pounds and the second 283/4 pounds.

The causes usually ascribed for such large babies are, large size of the parents, secessive pregnancies, advanced age, and prolongation of the period of gestation. None of these causes could be attributed in this case. The mother's age is 28 and weighs 125 pounds. The father's age is 35 and

weighs 165 pounds. She had one child previously which weighed 11 pounds. Gestation was not prolonged as she was delivered on the expected 280 day.

When we consider that the average weight is from 7 to 8 pounds, this one weighing over 17 pounds, the average length 20 to 21 inches, this one 27 inches, we see how above the ordinary is this case. If we still further compare other measurements it will give us an idea of the difference between it and the ordinary. The occipito mental diameter was 9 inches, ordinary 5 inches; occipito frontal 8 inches, ordinary $4\frac{1}{2}$ inches; biparietal $5\frac{1}{2}$ inches, ordinary $3\frac{1}{2}$ to $3\frac{3}{4}$ inches; binacromial $8\frac{1}{2}$, ordinary $4\frac{3}{4}$ inches.

The child was still-born, having been dead several days. The delivery caused but a slight tear requiring only two sutures. The patient made a good recovery for which the doctor deserves great credit.

HEADACHE

That form of headache known as Migraine is conceded by most physicians to be due to autotoxemia and may be treated in a rational and effective manner by the administration of a single daily dose of

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The book shows a great amount of research and will serve both Eclectic and Homoeopathic physicians equally well. Eclectic Medical Journal.

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The Eclectic Review.

The specific indications of all the drugs are certainly presented very thoroughly and practically. This is written for the Eclectic school and will be found a valuable acquisition to our literature.

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The work is a credit to the school you represent. I can commend the work to every physician whatever his doctrine as to drug action or political divisions.

Herbert T. Webster, M. D.

While the work is broad in its scope, it does not neglect the essentials but has kept the size in convenient bounds by ommitting much useless data which so often encumbers the text books. Wm. C. Bailey, M. D.

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Editorial.

THE CALIFORNIA MEDICAL JOURNAL

With this number the California Medical Journal completes it twentyeighth volume. It has passed through many vicissitudes since it was founded. in 1880, by Dr. D. Maclean, and the prospects are that it will continue to prosper with the coming years. The earthquake and fire and the consequent evils, are now only a memory of troubles overcome. The more recent conditions of unrest and depression existing in San Francisco also are passing away, and as all things point now to a greater and more wonderful San Francisco, so do all things augur well for a greater and more prosperous California Medical Journal.

PHYSICIAN'S ATTENTION.

Drug stores and drug store positions anywhere desired in U. S., Canada or Mexico. F. V. Kinest, Omaha, Nebraska.

Dear Doctor:

I have just returned from Texas where I attended the Twenty-fourth annual meeting of the Texas Eclectic Medical Association at Dallas, October 23d and 24th. The Texas Eclec-

CALIFORNIA MEDICAL JOURNAL tics are wide awake. The Society has a membership of 150 out of a possible 220 in the state, and 75 were in attendance at the meeting which was a success in every way. I met Dr. M. E. Daniel the energetic Eclectic who is the President of the new Texas State Board of Medical Examiners, and the other Eclectic member, Dr. J. P. Rice.

> The officers for the ensuing year are, President, G. W. Johnson, San Antonio; 1st Vice President; C. D. Hudson, Waco, 2nd Vice President; C. E. Frazier, Weatherford, Treasurer; M. E. Daniel, Honey Grove, Rec. Secretary; L. S. Downs, Galveston, Cor. Secretary; C.W. Watson, Lanius.

> The next annual meeting will be held in Dallas, in October, 1908.

> > Sincerely, JOHN K. SCUDDER.

RARE FORMS OF HERNIA.

Vaughan reports a case of superficial inguinal hernia of the right side. The displacement testis has come through the external ring and then had passed upward between the external oblique muscle and the superficial fascia. This was a congenital hernia. In another case, occurring, in an old man, the bladder formed the herniated mass. A third case reported was one of properitoneal direct inguinal hernia, which came near to becoming an obturator hernia, but instead of passing through the obturator foramen, it passed on upward, to appear at the external ring above the pubes.-New England Medical Monthly.

(Resolutions adopted by the Executive Committee of the American National Red Cross, October 18, 1907).

WHEREAS, By international agreement in the Treaty of Geneva, 1864, and the revised Treaty of Geneva, 1906, "the emblem of the Red Cross on a white ground and the words Red Cross or Geneva Cross" were adopted to designate the personnel protected by this Convention, and

WHEREAS, The Treaty further provides (Article 23) that "the emblem of the Red Cross on a white ground and the words Red Cross or Geneva Cross can only be used whether in time of peace or war, to protect or designate sanitary formations and establishments, the personnel and material protected by this Convention," and

Whereas, The American National Red Cross comes under the regulations of this Treaty according to Article 10, "volunteer aid societies, duly recognized and authorized by their respective Governments," such recognition and authority having been conferred upon the American National Red Cross in the Charter granted by Congress, January 5, 1905, Section 2, "The corporation hereby created is designated as the organization which is authorized to act in matters of relief under said Treaty," and, furthermore,

WHEREAS, In the Revised Treaty of Geneva, 1906, in Article 27, it is provided that "the signatory powers whose legislation should not now be adequate, engage to take or recommend to their legislatures such meas-

ures as may be necessary to prevent the use by private persons or by societies other than those upon which this Convention confers the right thereto of the emblem or name of the Red Cross or Geneva Cross."

BE IT RESOLVED, That the Executive Committee of the American National Red Cross requests that all hospitals, health departments and like institutions kindly desist from the use of the Red Cross created for the special purpose mentioned above, and suggests that for it should be substituted some other insignia, such as a green St. Andrew's Cross on a white ground, to be named the "Hospital Cross," and used to designate all hospitals (save such as are under the Medical Departments of the Army and Navy and the authorized volunteer aid society of the Government), all health departments and like institutions, and, further,

BE IT RESOLVED, That the Executive Committee of the American National Red Cross likewise requests that all individuals or business firms and corporations who employ the Geneva Red Cross for business purposes, kindly desist from such use, gradually withdrawing its employment and substituting some other distinguishing mark.

THE SERUM TREATMENT OF EXOPHTHALMIC GOITRE.

Harriet C. B. Alexander discusses the subject and reports thirteen cases. Four principal theories of the disease have been advanced: (1) That it is due to disease of the sympathetic nervous system; (2) that the seat of the malady is the medulla oblongata; (3) that it is primarily a disease of the thyroid gland; and (4) that it is a neurosis.

Modern therapeutic measures have been largely based on the "thyroid" theory. The results of partial strumectomy indicate that the successful removal of a portion of the thyroid gland can lead to cure or to definite amelioration of the condition. On the theory that the thyroid secretion normally neutralizes certain general metabolic poisons in the body, Moebius and others conceived of treating cases of exophthalmic goitre, in which there is presumably an excess of thyroid secretion in the body, by introducing subcutaneously, or by the mouth, the serum of thyroidectomized animals. It was hoped that the nonneutralized general metabolic poisons of such animals would nullify the toxic effect of the excessive thyroid secretion. As to the treatment, experience has shown the great importance of general measures: complete rest for a time, fresh air, careful diet, mild balneotherapy, etc.

The name Thyroidectin has been given to a preparation obtained under aseptic precautions from the blood of animals from which the thryroid glands have been removed, and which is exhibited as a reddish-brown powder contained in capsules, usually five grains each. Carefully conducted clinical trials seem to show that Thyroidectin can be depended upon to control the characteristic symptoms of exophthalmic goitre. In most cases

the patient experiences much relief from the restlessness, tremors insomnia and other nervous symptoms so frequently present, and a gradual lessening of the frequency of the pulse rate, decrease in the size of the glands, and a diminution of the exophthalmos, with an increase of weight and a much better condition generally. The dose of Thyroidectin seems to be one or more capsules after each meal, according to the judgment of the physician and the reaction of the patient.

In nine of the author's thirteen cases the size of the gland was materially reduced, and in every case improvement was observed with respect to one or more of the symptoms.—
The American Practitioner and News, August, 1907.

RELIEF IN RHEUMATOID CONDITIONS.

Dr. Pettingill, of New York City, under the head of "Intestinal Antisepsis," reports some excellent experiences, from which the following is selected:

"Every physician knows full well the advantages to be derived from the use of antikamnia in very many diseases, but a number of them are still lacking a knowledge of the fact that antikamnia in combination with various remedies, has a peculiarly happy effect. Particularly is this the case when combined with salol. Salol is a most valuable remedy in many affections; and its usefulness seems to be enhanced by combining it with antikamnia. The rheumatoid conditions so often seen in various manifestations are wonderfully relieved by the use of

this combination. After fevers, inflammation, etc., there frequently remain various painful and annoying conditions which may continue, namely: the severe headaches which occur after meningitis, a "stitch in the side ' following pleurisy, the precordial pain of pericarditis and the painful stiffness of the joints which remain after a rheumatic attack—all these conditions are relieved by this combination called 'Antikamnia & Salol Tablets' containing 21/2 grs., each of antikamnia and of salol and the dose of which is one or two every two or three hours. They are also recommended highly in the treatment of cases of both acute and chronic cystitis. The pain and burning is relieved to a marked degree. Salol neutralizes the uric acid and clears up the This remedy is a reliable one urine. in the treatment of diarrhœa, entero colitis, dysentery, etc. In dysentery, where there are bloody, slimy discharges, with tormina and tenesmus, a good dose of sulphate of magnesia, followed by two antikamnia & salol tablets, every three hours, will give results that are gratifying."

THE USE AND ABUSE OF CARDIAC STIMULANTS.

HARE (Therapeutic Gazette).

"In this article the author discusses the common disregard of certain essential details concerning the action of cardiac stimulants. Physicians themselves probably suffer more as a class from this abuse. The "tired heart" commonly existing among physicians usually receives at their hand excessive doses of digitalis in-

stead of the indicated rest. Strong coffee and other adjuncts are also selfprescribed, causing an increase of the cardiac disorder. Another erroneous use of cardiac stimulants is their employment in a state of undue excitation in which condition cardiac sedatives are needed. Not uncommonly cardiac irregularity calls for small doses of aconite or veratrum viride. Again a patient with a feeble heart receives digitalis when in reality the cause of the feebleness lies in a degenerated heart muscle, which is incapable of gaining any advantage from this drug. In fact by contracting a blood vessel digitalis increases the labor of the heart. Under these circumstances strophanthus or cactus, the action of which is cardiac, but slightly if at all vacular, should be used."—Interstate Medical Journal.

This is one of the numerous instances in which cactus is advantageously used. The expressions of the medical profession on Cereus Grandiflorus and Cactina Pillets, which truly presents the therapeutic properties of the drug in the highest form, are very encouraging. It seems that any drug that offers assistance in cardiac complications, and especially if it is devoid of the objectionable features of stronger cardiac remedies, should command the earnest attention of the bedside practitioner.

Administered after Operation, Fellows' Hypophosphites exercises a most beneficial influence upon the patient's nutrition, fortifying the recuperative powers, and thereby hastening convalesence.

The psychological depressions and neuralgias so common in the period following a debauch, are lessened or disappear altogether by the use of Celerina. REMEMBER THAT THE DRIPPING OF THE URINE in adult life usually denotes the overflow of a distended bladder, possibly occasioned by muscular relaxation of the bladder or the commencement of hypertrophy of the prostrate. Sanmetto is the indicated remedy.

Rheumatic sore throat exhibits no exudate and no pus formation, but the membrane is a decided red, often rather dark, and is markedly aggravated by weather conditions that increase rheumatic symptoms. Local treatments and even the usually successful internal medicines for ordinary sore throat are insufficient."

Tongaline or Tongaline & Lithia Tablets by rapidly expelling the poisons which are the source of the complaint will secure most beneficial results.

Book Notes.

The Practitioners' Visiting List for 1908. An invaluable pocket-sized book containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The Weekly, Monthly and 30-Patient Perpetual contain 32 pages of data and 160 pages of classified blanks. The 60-Patient Perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil and rubber, and calendar for two years. Price by mail, post-paid, to any address, \$1.25. Thumb-letter index, 25 cents extra.

Descriptive circular showing the several styles sent on request. Lea Brothers & Co., Publishers, Philadelphia and New York.

Visiting and Pocket Reference Book (Perpetual) 1908. J. H. Chambers & Co., Publishers, St, Louis, Missouri. Revised and enlarged, handsomely vellum bound, lapel, pocket size. Price 50 cents. Condensed, at the same time sufficiently elaborate to give such information required in a book of this character. Convenient to carry in the pocket; containing 128 printed and blank pages. The Publishers will mail copy postpaid on receipt of 24 2c. stamps.

Practice of Medicine for Students and Practitioners. By James Magoffin French, A. M., M. D. Formerly Lecturer on the Theory and Practice of Medicine, Medical College of Ohio. Third revised edition. Published by William Wood & Co. Price \$6.00.

This is a work of over 1200 pages. It is a most complete practice of medicine and up to date. The principal changes made in this edition has been in the sections on the infectious diseases, the diseases due to parasites, and nervous diseases. Full consideration is given to tropical diseases. Many new illustrations have been inserted which are of great value to the student and practitioner.

A Text Book of Pathology. By Francis Delafield, M. D., LL. D., and T. Mitchell Prudden, M. D., LL. D. Eighth Edition; Octavo, 1075 pages, illustrated by thirteen full-page plates in black and chromolithography, and by six hundred and fifty line and half-tone cuts in the text, in black and various colors. Extra muslin \$5.50 net; leather, \$6.50 net. Wm. Wood & Co., New York.

This work hardly needs commendation. It is familiar to all students of Pathology. This, the eighth edition, amplyfies the section devoted to general pathology. The relationship of pathology to the allied phases of Biological sciences is given more attention than in former editions. No student of pathology or general practitioner can afford to be without this complete and up to date work.

Dyspnæa and Cyanosis. By Professor Edmund Von Neusser, M. D., Professor of the Second Medical Clinic, Vienna, Associate Editor Nothnagle's Practice of Medicine. English translation by Andrew MacFarlane, M. D. Published by E. B. Treat & Co. Price \$1.50.

This is Part I of a Series of Monographs devoted to the Disorders of Respiration and Circulation, giving the symptoms and diagnosis. It accentuates the value of the study of symptoms at the bedside, where the

diagnosis must in the majority of cases be determined.

Dose Book of Specific Medicines. Lloyd Brothers. Cincinnati, Ohio.

This is an invaluable little book. It gives the indications, use and dose of all Specific Medicines as used by Eclectic physicians. It is a Materia Medica and Practice of Medicine combined.

Medical Record Visiting List for 1908.

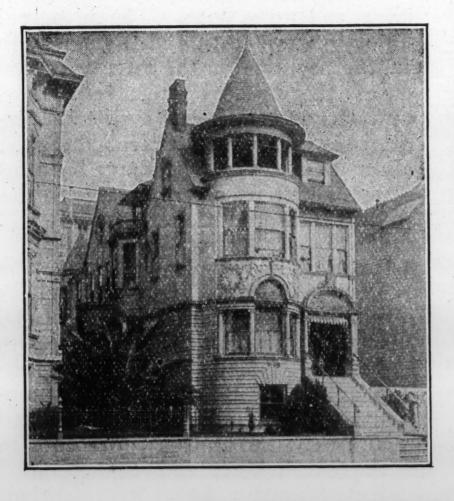
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It is the same pleasant, gentle laxative, however, which for many years past physicians have entrusted to domestic use because of its non-irritant and non-debilitating character, its wide range of usefulness and its freedom from every objectionable quality. It is well and generally known that the component parts of Syrup of Figs and Elixir of Senna

are as follows:

Its production satisfied the demand of the profession for an elegant pharmaceutical laxative of agreeable quality and high standard, and it is, therefore, a scientific accomplishment of value, as our method ensures that perfect purity and uniformity of product required by the careful physician. It is a laxative which physicians may sanction for family use because its constituents are known to the profession and the remedy itself proven to be prompt and reliable in its action acceptable to the taste and never followed by the slightest debilitation.

ITS ETHICAL CHARACTER.

Syrup of Figs and Elixir of Senna is an ethical Proprietary remedy and has been mentioned favorably, as a laxative, in the medical literature of the age, by some of the most eminent living authorities. The method of manufacture is known to us only, but we have always informed the profession fully, as to its component parts. It is therefore not a secret remedy, and we make no empirical claims for it. The value of senna, as a laxative, is too well known to physicians to call for any special comment, but in this scientific age, it is important to get it in its best and most acceptable form and of the choicest quality, which we are enabled to offer in Syrup of Figs and Elixir of Senna, as our facilities and equipment are exceptional and our best efforts devoted to the one purpose.

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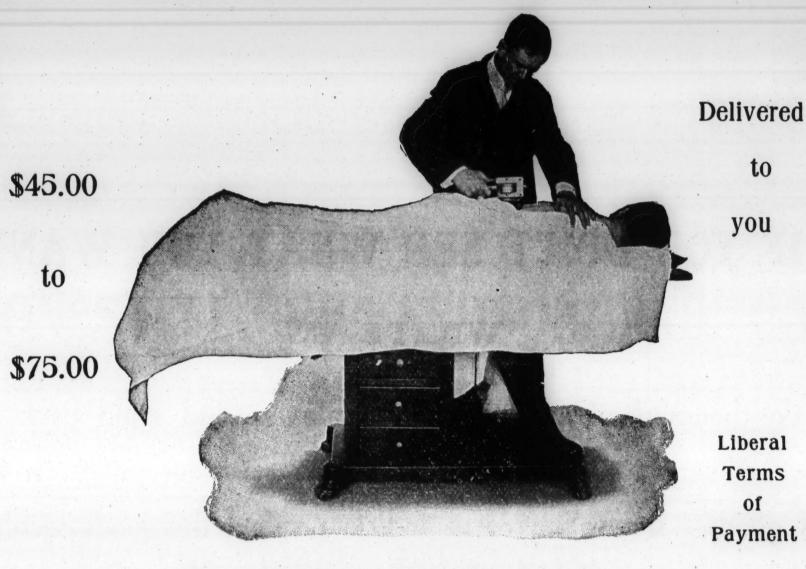
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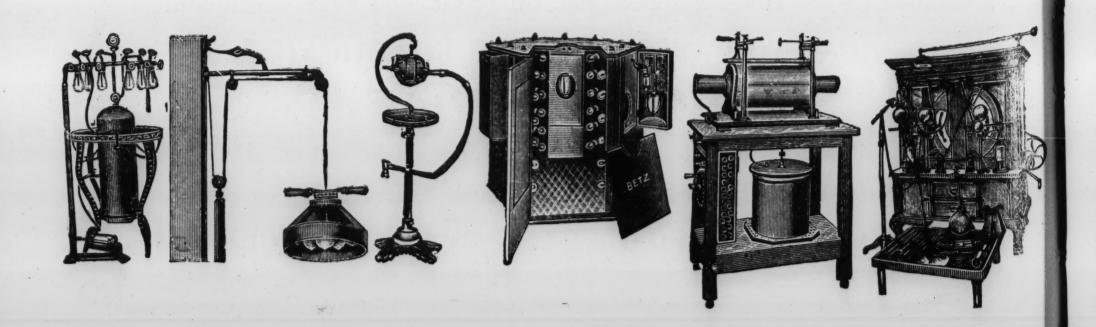
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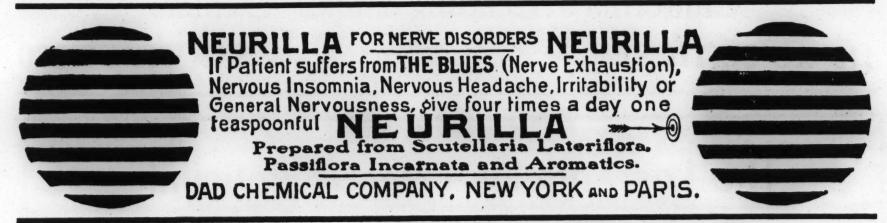
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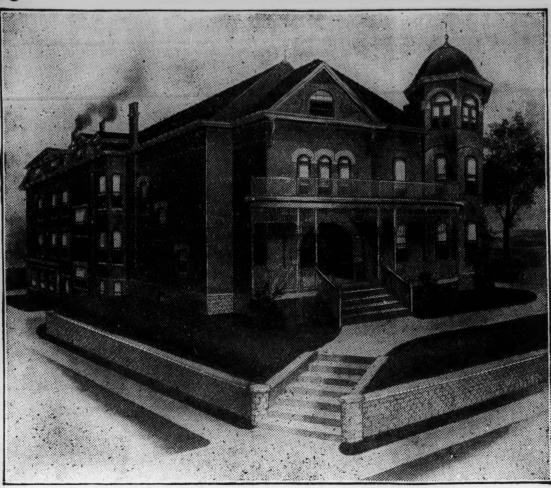
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